



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

MICHIGAN EMS IC EXAM RESERVATION FORM

Name: _____

S.S. #: _____

Daytime phone: _____

Address: _____

Email: _____

Michigan EMS IC candidates **Mail or fax form to:**

Michigan Department of Community Health
EMS and Trauma Systems Section
201 Townsend Street
Lansing, Michigan 48913
Fax#517/241-9458

Do not send anything to the National Registry office – this will only cause delays.

Program Sponsor: _____

Course Completion Date _____

Exam attempt:

_____ Initial

_____ Retest (date of initial test _____)

Confirmation will be sent when exam is confirmed

Exam date/time: (please list **3** choices)*

EXAM DATES: www.michigan.gov/ems

1st choice (date): _____

☐ 9:00 AM ☐ 2:00 PM

2nd choice (date): _____

☐ 9:00 AM ☐ 2:00 PM

3rd choice (date): _____

☐ 9:00 AM ☐ 2:00 PM

Other: _____

Available Examination Dates:

October 16, 2007

March 18, 2008

August 19, 2008

November 20, 2007

April 15, 2008

September 16, 2008

December 18, 2007

May 20, 2008

October 21, 2008

January 15, 2008

June 17, 2008

November 18, 2008

February 19, 2008

July 15, 2008

December 16, 2008

Exams will be held at the Michigan Department of Community Health, 201 Townsend Street, Lansing, Michigan 48913. Form must be received prior to the first day of the month of the exam date selected. You will receive confirmation of your assigned exam date. **Do not attend exam without confirmation letter.**